

Spring 2016 Youth Registration Form

VPlease refer to all registration information in the brochure!* REGISTRATION BEGINS ON **Monday January 11th!**

Name:	Address:		
City:	_Zip:	Date of birth	/
Parent/Guardian: (H)	(Cell)	(W)	Age
Wheelchair Accommodations: _	Yes Atte	nd with an aide:Y	Yes
Email Address:			
Aide Name:			
Youth Programs:			
<u>Programs</u>	<u>Program (</u>	Cost Aide Cost	Total
Kids Night Out	\$25	\$25	
Annie: Broadway Musical (Girls only)	\$30	\$30	
UALR Basketball Game (Guys only)	\$20	\$20	
Adventure Club	\$25	\$25	
School's Out	\$10	N/A	
Sports Clinic	\$10	N/A	
*Participants with Form of Payment CheckCashWaiver	Please include	ment will be required for this in your total.	outings/tickets.
**If submitting program fees for pa Agency Name		ease provide the following Case Manager	

Return with payment to: Little Rock Parks and Recreation Therapeutic Recreation Division 7201 Dahlia Drive Little Rock, AR 72209 *We may take photos of participants enrolled in programs or outings. These photos are used only for promotion of our TR services in the form of displays, brochures, videos and flyers. Please check yes to release photo sharing privileges to the TR staff or no if you wish for you participant to remain out of promotional materials.

YesNo	
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